

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33080
State File No. _____
Registrar's No. 18

Registration District No. 735

Primary Registration District No. 5970

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Rural - Sugar Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution RFD #3 Moberly Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) Six Weeks

3. (a) PRINT FULL NAME EDNA FLORENCE McADAMS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased Dec. 5 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Moberly Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Ellis McAdams Jr.
13. Birthplace Moberly Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Barney M. Locke
15. Birthplace Permit
(City, town, or county) (State or foreign country)

16. (a) Informant Ellis McAdams Jr.
(b) Address RFD #3 Moberly Mo.

17. (a) Burial (b) Date thereof Jan. 21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director How Funeral Home
(b) Address Moberly Mo.

19. (a) 1-21-42 (b) Irma Hove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #3 Moberly
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th
year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 17/42
to Jan 20 1942
that I last saw her alive on Jan 17
and that death occurred on the date and hour stated above.

Immediate cause of death Marasmus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 158

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (d) Means of injury 6

23. Signature E. Smith (M. D. or other) Moberly Mo.
Address _____ Date signed 1/21/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 2-42-358

Date Filed FEB 19 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, J. E. Barnes, Registered Apprentice No. #2414

working under my personal supervision..

~~Embalmed~~

Signed

R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.